

Sheet 1 of 2

THIS FORM REPLACES DR FORM 40, JAN 02
PREVIOUS EDITIONS WILL BE DESTROYED

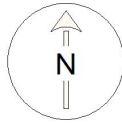
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-086380



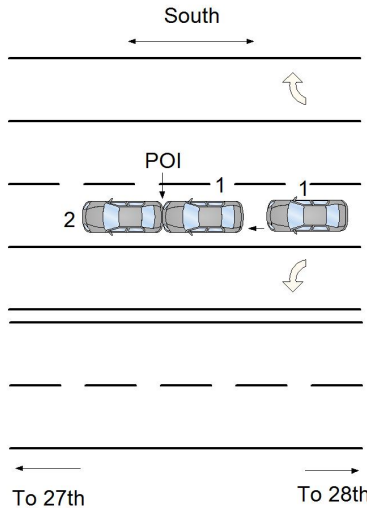
Indicate
North
by Arrow



POI: 52' e of the e
curb of s.27th

30' s of the n
curb of South st

No skid marks



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated that he was w.bound on South st. D1 said he was not paying attention and did not see V2 stopped directly in front of him due to traffic. D1 said he rear ended V2. D2 said she was facing w.bound on South st stopped due to traffic. D2 said she was rear ended by V1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2	
1				X	South st	POINT OF IMPACT	01	POINT OF IMPACT	05	1	2	Driver No. 1	Driver No. 2
2				X	South st	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	5	2	Y	Y
1	01	06 Turning left				00 None	02	03	04	1	2	N	N
2	11	08 Entering traffic lane				09 Top & windows	01	05	06	1	2	X	X
01 Essentially straight ahead					09 Leaving traffic lane	10 Undercarriage	08 07 06			1		1	
02 Backing					11 Total (all areas)	01			2		1		
03 Changing lanes					12 Other	08			4		2		
04 Overtaking/ Passing													
05 Turning right													
13 Unknown													

OFFICER NO. 1623	TROOP/ TEAM/ BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Eric Dlouhy		INVESTIGATOR SIGNATURE Approved by Eric Dlouhy	DATE OF REPORT 09/18/2015